



**SUMMIT ENGINEERING, INC.**

SCA 1111 100

May 20, 2008

Ross Bishop  
Inventory & Data Management Section  
KPDES Branch  
Division of Water  
14 Reilly Road  
Frankfort, Kentucky 40601

MAY 21 2008

RE: Road Fork Development Company, INC  
DMRE Permit No. 898-4147 Am. #7  
KPDES No. KYG044090  
Love Branch South

Dear Ross:

Please find enclosed a completed copy of Form 1 and Form Short C submitted for the above-referenced amendmen to be located in Pike County. Road Fork Development Company, INC seeks approval for individual permit coverage under KPDES for their proposed water treatment plant discharging into Pond 29.

If you have any questions, or require additional information, please call me at (606) 432-1447 ext. 310 or e-mail [mspicer@summit-engr.com](mailto:mspicer@summit-engr.com).

Regards,

Michael Spicer  
Geologist/Project Manager

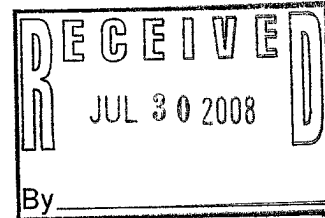
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enclosure

**SUMMIT ENGINEERING, INC.**

July 28, 2008

Morgan Elliston  
Inventory & Data Management Section  
KPDES Branch  
Division of Water  
14 Reilly Road  
Frankfort, Kentucky 40601



RE: Road Fork Development Company, INC  
DMRE Permit No. 898-4147 Am. #7  
KPDES No. KYG044090  
Love Branch South

Dear Morgan:

Please find the completed section VIII on the enclosed Form 1 and Completed sections XII. A, XII. B. and XIII on the enclosed Form SC.

If you have any questions, or require additional information, please call me at (606) 432-1447 ext. 310 or e-mail [mspicer@summit-engr.com](mailto:mspicer@summit-engr.com).

Regards,

Michael Spicer  
Geologist/Project Manager

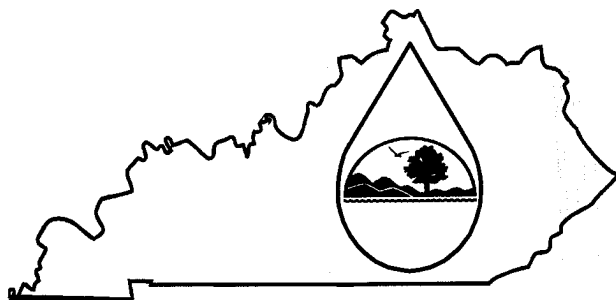
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enclosure

# KPDES FORM 1

AI # 14209

## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



MAY 21 2008

### PERMIT APPLICATION

This is an application to: (check one)

- ☒ Apply for a new permit.  
☐ Apply for reissuance of expiring permit.  
☐ Apply for a construction permit.  
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

\$200.00 ck.

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE							
A. Name of business, municipality, company, etc. requesting permit Road Fork Development Company, INC.									
B. Facility Name and Location					C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner mailing address on a separate sheet if different.				
Facility Location Name:					Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>				
Love Branch South					Gary Hatfield				
Facility Location Address (i.e. street, road, etc., not PO Box):					Mailing Address:				
Love Branch South					P.O. Box 565				
Facility Location City, State, Zip Code:					Mailing City, State, Zip Code:				
McVeigh, KY					Matewan, WV 25678				
					Facility Contact Telephone Number:				
					304-235-4290				

### II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: An underground mine amendment adding one face-up and a wastewater treatment plant. The treatment plant will treat bathhouse wastwaers generated by the facility's underground mind employees.

### B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	1241 -- Coal Mining Services		
Other SIC Codes:			

### III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: Pike	City where facility is located (if applicable): McVeigh
C. Body of water receiving discharge: Love Branch	
D. Facility Site Latitude (degrees, minutes, seconds): 37-34-43	Facility Site Longitude (degrees, minutes, seconds): 82-12-15
E. Method used to obtain latitude & longitude (see instructions): topographic map	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	

**IV. OWNER/OPERATOR INFORMATION****A. Type of Ownership:**

☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

**B. Operator Contact Information (See instructions)**

Name of Treatment Plant Operator:

Lyndon Johnson

Telephone Number:

606-437-5616

Operator Mailing Address (Street):

181 Longview Drive

Operator Mailing Address (City, State, Zip Code):

Pikeville, KY 41501

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

Certification Number:

**V. EXISTING ENVIRONMENTAL PERMITS**

Current NPDES Number:

~~KY0044090~~

Issue Date of Current Permit:

Expiration Date of Current Permit:

Number of Times Permit Reissued:

Date of Original Permit Issuance:

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

Kentucky DSMRE Permit Number(s):

898-4147

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

**VI. DISCHARGE MONITORING REPORTS (DMRs)**

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):

Charles I. Bearse III

DMR Official Telephone Number:

304-235-4290

**B. DMR Mailing Address:**

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:

Appalachian States Analytical LLC

DMR Mailing Address:

181 Longview Drive

DMR Mailing City, State, Zip Code:

Pikeville, KY 41501

## VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:

Small Non-POTW

Filing Fee Enclosed:

\$200.00

## VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

Charles Bearse III President

TELEPHONE NUMBER (area code and number):

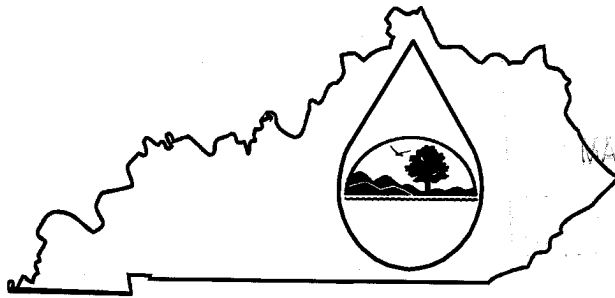
SIGNATURE



DATE:

7/28/08

# KPDES FORM SC



## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION

A complete application consists of this form and Form 1.  
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Road Fork Development Company, INC.

#### I. FACILITY DISCHARGE FREQUENCY

AGENCY  
USE

A. Do discharge(s) occur all year? Yes ☒ No ☐  
(Complete Item IX for intermittent discharges.)

B. How many days per week?

7

II. A. Give the basis of design for sizing of the wastewater facility (see instructions): The facility will serve 30 employees total with two shifts per day.

B. If new discharger, indicate anticipated discharge date:

C. Indicate the design capacity of the treatment system:

0.001715 MGD

#### III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
1. P-29	37	32	27	82	14	41	Middle Branch
2. P-30	37	32	13	82	15	00	Pond Branch

Method used to obtain latitude/longitude  
(i.e. GPS unit, USGS topographic map coordinates, etc.)

USGS Topographic Map

**IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)**

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
1	Screening	1050 GPD	Package treatment plant	1-T
	Equalization	1050 GPD	Package treatment plant	1-Y
	Disinfection	1050 GPD	Package treatment plant	2-F
	Post Aeration	1050 GPD	Package treatment plant	3-L
	Discharge to surface water	1050 GPD	Package treatment plant	4-A

**V. Check the type(s) of wastewater discharged.**

- ☒ Domestic (60% or more sanitary sewage) ☐ Oil field waste  
☐ Noncontact cooling water ☐ Other (list):

**VI. Does all water used at facility (except for human consumption) flow to a treatment plant?** ☒ Yes ☐ No**VII. Discharge to other than surface waters. Check appropriate location:**

- ☐ Publicly-owned lake or impoundment Name of lake:  
☐ Publicly-owned treatment works (POTW). Name of POTW:  
☐ Land application of Effluent  
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well  
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

**VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).**

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		

**IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)**

A. Number of bypass points:

0

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:

☐ Wet Weather☐ Dry Weather

Give the number of bypass incidents

per year

per year

Give average duration of bypass

hours

hours

Give average volume per incident

1,000 gallons

1,000 gallons

Give reason why bypass occurs:

B. Number of Overflow Points: 0 (If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:

☐ Wet Weather☐ Dry Weather

Give the number of overflow incidents:

per year

per year

Give average duration of overflow:

hours

hours

Give average volume per incident:

1,000 gallons

1,000 gallons

C. Number of seasonal discharge points

0

Give the number of times discharge occurs per year

Give the average volume per discharge occurrence

(1,000 gallons)

Give the average duration of each discharge

(days)

List month(s) when the discharge occurs

**X. AREA SERVED (see instructions)**

NAME

ACTUAL POPULATION SERVED

Bathhouse

15 employees per shift; 2 shifts per day

TOTAL POPULATION SERVED 30



**XL. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS**

Additive	Composition	Concentration (mg/l)

**XII. EFFLUENT CHARACTERISTICS**

A. Indicate results of analysis for pollutants listed below.

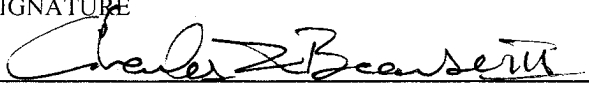
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD <sub>5</sub>	<4	<4	1
TOTAL SUSPENDED SOLIDS	9	9	1
FECAL COLIFORM	<10	<10	1
TOTAL RESIDUAL CHLORINE	3.0 mg/l	3.0 mg/l	1
OIL AND GREASE	Request waiver	Request waiver	Request waiver
CHEMICAL OXYGEN DEMAND	Request waiver	Request waiver	Request waiver
TOTAL ORGANIC CARBON	Request waiver	Request waiver	Request waiver
AMMONIA	0.6 mg/l	0.6 mg/l	1
DISCHARGE FLOW	0.00144 mgd	0.00144 mgd	1
pH	7.28	7.28	1
TEMPERATURE (WINTER)	Request waiver	Request waiver	Request waiver
TEMPERATURE (SUMMER)	Request waiver	Request waiver	Request waiver

B. Frequency and duration of flow:

Discharge will occur twice daily for thirty minutes

### XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Charles Bearse III President	TELEPHONE NUMBER (area code and number): 304-235-4290
SIGNATURE 	DATE 7/28/08



**2 Large Maps & CD-R Attached**

